

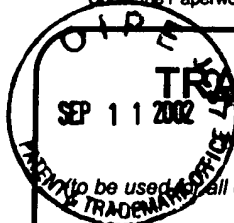
1647

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(to be used for all correspondence after initial filing)

Application Number 09/687,837

Filing Date October 13, 2000

First Name and Inventor Lu, Peter S.

Group Art Unit 1647

Examiner Name Bridget E. Bunner

Attorney Docket Number 020054-000210US

Total Number of Pages in This Submission 2

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ENCLOSURES (check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☐ Amendment / Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/ Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☒ Power of Attorney

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s)

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below):

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Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name Townsend and Townsend and Crew LLP
Brigitte A. Hajos

Reg. No. 50,971

Signature

Brigitte Hajos

Date

September 6, 2002

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PTO/SB/81 (02-01)

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| <p>SEP 11 2002</p> <p>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</p> | Application Number | 09/687,837 |
| | Filing Date | October 13, 2000 |
| | First Named Inventor | Lu, Peter S. |
| | Title | CLASP-2 TRANSMEMBRANE PROTEIN |
| | Group Art Unit | 1647 |
| | Examiner Name | Bridget E. Bunner |
| Attorney Docket Number | | 020054-000210US |

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

| SIGNATURE of Applicant or Assignee of Record | |
|--|--------------------|
| Name | Peter S. Lu, M.D. |
| Signature | <i>[Signature]</i> |
| Date | 8/28/02 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | |
| <input type="checkbox"/> *Total of forms are submitted. | |